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PTO/SB/50 (modified) (02-01)

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Mail Stop Reissue Commissioner For Patents P. O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	18602-06754
	First Named Inventor	Eric C. Anderson
	Original Patent Number	6,263,453 B1
	Original Patent Issue Date (Month/Day/Year)	July 17, 2001
	Express Mail Label No.	EV342133536US

### APPLICATION FOR REISSUE OF: (check applicable box)

Utility Patent     Design Patent     Plant Patent

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form ( <i>PTO/SB/56</i> ) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input checked="" type="checkbox"/> Original U.S. Patent for Surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss <input checked="" type="checkbox"/> Offer to Surrender Patent
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format ( <i>amended, if appropriate</i> )		9. <input type="checkbox"/> Foreign Priority Claim ( <i>35 U.S.C. 119</i> ) <i>(if applicable)</i>
4. <input checked="" type="checkbox"/> Drawing(s) ( <i>proposed amendments, if appropriate</i> )		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO/SB/08A <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (unsigned) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i>		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>
6. Original U.S. Patent currently assigned?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>		12. <input checked="" type="checkbox"/> Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
<input type="checkbox"/> Written Consent of all Assignees ( <i>PTO/SB/53</i> )		13. <input checked="" type="checkbox"/> Return Receipt Postcard ( <i>MPEP 503</i> ) <i>(Should be specifically itemized)</i>
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(PTO/SB/96)</i>		14. <input checked="" type="checkbox"/> Other: <u>Application Data Sheet</u>  _____ _____

### 14. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label



or  Correspondence address below

00758

Name (Print/Type)	Kirk A. Gottlieb	Registration No. (Attorney/Agent)	42,596
Signature		Date	July 17, 2003

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

18602-06754

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate		Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 32	****	12 =	x \$ ____ =		or	x \$18.00 = 216.00
(C) 4	Independent Claims (37 CFR 1.16(i))	(D) 7	*	3 =	x \$ ____ =			x \$84.00 = 252.00
Basic Fee (37 CFR 1.16(h))						\$ ____		\$ 750.00
Total Filing Fee						\$ ____	OR	\$ 1,218.00

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 32	MINUS	** 20 = * = 12	x \$ ____ =	or		x \$18.00 =	216.00
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS	***** 4 = = 3	x \$ ____ =			x \$84.00 =	252.00
Total Additional Fee						\$ ____	OR	\$ 468.00

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 37 CFR 1.27.
- Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17, which may be required, or credit any overpayment to Deposit Account No. 19-2555. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 1,218.00 to cover the filing fee is enclosed.

July

17, 2003

Date

  
Signature of Applicant, Attorney or Agent of Record

Kirk A. Gottlieb, Reg. No. 42,596

Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

18602-06754/SF/5103455.1